

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hgy</i>		8/4/00
O.I.P.E. CLASSIFIER			8-10-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	9-15-00

09/626170

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 + (Through numeral) ... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
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DESIGN AVAILABLE COPY

If more than 150 claims or 10 actions  
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